

Pro Se 7 (Rev. 10/16) Complaint for Employment Discrimination

United States District Court

for the

NORTHERN DISTRICT OF ALABAMA

Crystal McClure

Plaintiff,

(Write your full name. No more than one plaintiff may be named in a pro se complaint)

v.

Tenet Healthcare Corporation

Defendant(s),

(Write the full name of each defendant who is being sued. If the names of all defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names)

Case No.: 420-2024-00262
(to be filled in by the Clerk's Office)JURY TRIAL ☒ Yes ☐ No

2:24-cv-1528-JHE

COMPLAINT FOR EMPLOYMENT DISCRIMINATION**I. The Parties to This Complaint****A. The Plaintiff**

Name

Crystal McClure

Street Address

2713 Dawson Ave. SW

City and County

Birmingham, Jefferson County

State and Zip Code

AL, 35211

Telephone Number

205-396-5574

E-mail Address (if known)

Crissy35221@gmail.com

- ☐ Check here to receive electronic notice through the e-mail listed above. By checking this box, the undersigned consents to electronic service and waives the right to personal service by first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2), except with regard to service of a summons and complaint. The Notice of Electronic Filing will allow one free look at the document, and any attached PDF may be printed and saved.

11/8/24
DateCrystal McClure
Participant Signature

Pro Se 7 (Rev. 10/16) Complaint for Employment Discrimination**II. Basis for Jurisdiction****B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name

Tenet Healthcare CorporationJob or Title (*if known*)Healthcare Corporation

Street Address

14201 Dallas Parkway

City and County

Dallas

State and Zip Code

TX, 75254

Telephone Number

(469) 893-2000E-mail Address (*if known*)

Defendant No. 2

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

Defendant No. 3

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

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Defendant No. 4

Name _____

Job or Title (if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address (if known) _____

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name

Street Address

City and County

State and Zip Code

Telephone Number

Brookwood Baptist Health System
 2010 Brookwood Medical Center Dr.
 Birmingham, Jefferson
 AL, 35209
 (205) 877-1000

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

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- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Other federal law (specify the federal law):

Relevant state law (specify, if known):

Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☐ Failure to hire me
- ☒ Termination of my employment
- ☐ Failure to promote me
- ☒ Failure to accommodate my disability - *you only get one opportunity to complete training units.*
- ☐ Unequal terms and conditions of my employment
- ☒ Retaliation
- ☐ Other acts (specify): _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

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B. It is my best recollection that the alleged discriminatory acts occurred on date(s):

8/31/23, 1/22/23

C. I believe that defendant(s) *(check one)*:

☐ is/are still committing these acts against me

☒ is/are not still committing these acts against me

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

☐ race

☐ color

☐ gender/sex

☐ religion

☐ national origin

☐ age *(year of birth)*

(only when asserting a claim of age discrimination)

☒ disability or perceived disability *(specify disability)*

Severe depression & anxiety

E. The facts of my case are as follows. Attach additional pages if needed.

Please See Supporting evidence

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

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IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date): _____

8/31/24

- B. The Equal Employment Opportunity Commission (check one):

☐ has not issued a Notice of Right to Sue letter

☒ issued a Notice of Right to Sue letter, which I received on (date): _____

8-9-24

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question:
Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐ 60 days or more have elapsed

☐ less than 60 days have elapsed

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I have been psychologically + emotionally traumatized about how my employment with Brookwood hospital has occurred. I went through a year of training to keep my job instead after the training program ended I was told to find another job. Yet, when I left Brookwood I was employed. I have seen previous employees go + complete that training + they would return to their job. I don't understand why I was treated so differently, except because of my depression + how I was grieving the loss of my father and brother. Page 6 of 7

Also I was prevented to apply for other jobs within tenet health, If I knew that my employment would end after completing my training units, I would have found another job prior. I have worked 1 yr of training and another year grieving over my job. Currently, I cannot complete a job application because of how I am terrified to work for another Celia Walker. →

I am currently seeking counseling to work through my emotional coping skills so I can move on to find another job. + come out of terror. My counselor has helped me to recognize the trauma this situation has caused + I am learning the various dynamics of my depression + how it is affecting my grieving process.

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VI. Certification and Closing

Under Rule 11, of the Federal Rules of Civil Procedure, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of Signing: 11/8/24

Signature of Plaintiff: 
Printed Name of Plaintiff: Crystal McClure

B. For Attorneys

Date of Signing: _____

Signature of Attorney: _____

Printed Name of Attorney: _____

Bar Number: _____

Name of Law Firm: _____

Street Address: _____

State and Zip Code: _____

Telephone Number: _____

E-mail Address: _____



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Birmingham District Office**

Ridge Park Place
1130 22nd Street South, Suite 2000
Birmingham, AL 35205
Intake Information Group: 800-669-4000
Intake Information Group TTY: 800-669-6820
Birmingham Direct Dial: (205) 651-7020
FAX (205) 212-2105
Website: www.eeoc.gov

DETERMINATION AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161, 161-A & 161-B)

Issued On: 08/09/2024

To: Crystal McClure
2713 Dawson Ave SW
Birmingham, AL 35211

Charge No: 420-2024-00262

EEOC Representative and email: Ching I Osborne
Federal Investigator
Ching.Osborne@eeoc.gov

DETERMINATION OF CHARGE

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign in to the EEOC Public Portal and upload the court complaint to charge 420-2024-00262.

On behalf of the Commission,

C. Austin Harris

Digitally signed by C. Austin

Harris

Date: 2024.08.09 10:40:20 -05'00' For

Bradley A. Anderson
District Director

Cc:

Tenet Healthcare
c/o Marita Covarrubias
14201 Dallas Parkway
Dallas, TX 75254

Adam Porter
2301 Morris Avenue
Birmingham, AL 35203

Please retain this notice for your records.

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: center;"> 420-2024-00262 REC 10-13-2023 </div> </div>	
null		and EEOC	
State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area Code)	Date of Birth
Ms. Crystal McClure		(205) 396-5574	
Street Address		City, State and ZIP Code	
2713 Dawson Ave SW		Birmingham, AL 35211	
Email: crissy35221@gmail.com			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two are named, list under PARTICULARS below.)			
Name		No. Employees, Members	Phone No. (Incl. Area Code)
Tenet Healthcare Corporation		+15	(469) 893-2000
Street Address		City, State and ZIP Code	
14201 Dallas Parkway		Dallas, TX 75254	
Name		No. Employees, Members	Phone No. (Incl. Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)			DATE(S) DISCRIMINATION TOOK PLACE
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)			Earliest Latest <div style="text-align: right;">Aug 31, 2023</div> <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>In 2016, I became employed as a Chaplain at Brookwood Medical Center in Birmingham, Alabama. The hospital is owned and operated by BBH BMC, LLC ("BBH BMC"). I was paid by an affiliated company, Brookwood Center Development Corporation. Both companies are owned ultimately by Tenet Healthcare Corporation ("Tenet"). It is the parent company of numerous hospitals and other medical facilities and their related entities. BBH BMC and Tenet were both my employers as an integrated enterprise. Alternatively, BBH BMC was my employer and, as explained below, Tenet controlled my access to employment with BBH BMC and was thus liable for its unlawful interference with that access.</p> <p>Chaplains at Tenet hospitals have to take continuing training periodically. The training lasts a year. On September 5, 2022, I began the training at Baptist Princeton Medical Center, another Tenet hospital, in Birmingham. Dr. Cecelia Walker is the Executive Director of Chaplaincy over the five hospitals in Tenet's Brookwood Baptist Health System, which includes Brookwood Medical Center and Baptist Princeton Medical Center. She is employed by Tenet and was over the training. While I was in training, I was paid by BCDC EmployeeCO, LLC, another company ultimately owned by Tenet.</p> <p>I have anxiety and depression and have been treated for it predating my employment at Brookwood Medical Center. My father passed away in December of 2022 and my brother passed away in January of 2023. Their deaths affected me greatly and I took off a week from the training because of them. I applied for paid grievance leave for that time but Dr. Walker denied me. My anxiety and depression were worsened by the deaths, which caused me to struggle with the training. I informed Dr. Walker of my anxiety and depression, and how the deaths were making them worse and affecting my ability to do the training. She told me that I was a "mess" and encouraged me to drop out of the training. If I had done so, I would not have been eligible to continue my employment. I told her I wanted to finish it, and she suggested I go to counseling. I did that.</p> <p>[CONTINUED]</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State or Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Oct 13, 2023 <u>Crystal McClure</u> Date Charging Party Signature		SIGNATURE OF COMPLAINANT	
		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA

420-2024-00262

☒ EEOC

REC 10-13-2023

null

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

Crystal McClure v. Tenet Healthcare Corporation

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I continued to be affected by the anxiety and depression, but I was able to satisfactorily complete the training. On August 31, 2023, after the training ended, Dr. Walker told me that I would not be returning to my position at Brookwood Medical Center. I asked her where I would go, and she said I would have to find another job. I was terminated and not allowed to seek a Chaplain position at another Tenet hospital.

I believe that Tenet terminated me or failed to reinstate me, whichever the case may be, because of my disability, actual and/or perceived. I am therefore making a claim against it under the Americans with Disabilities Act, as amended. I am also filing a separate charge of discrimination against BBH BMC as a covered employer liable for this claim.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY – When necessary for State or Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Oct 13, 2023

Crystal McClure (Oct 13, 2023 10:31 CDT)

Date

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)